

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90083 028 ***150.00

DOCUMENT # G69294

1. Corporation Name

MEGATRAN TRADING, INC.

Principal Place of Business

1680 N.W. 96TH AVE.
MIAMI FL 33172

Mailing Address

1680 N.W. 96TH AVE.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1983

4. FEI Number

59-2332736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

ACOSTA, AMADO J.
1680 NW 96TH AVE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPC ☐ DELETE
NAME ACOSTA, AMADO J.
STREET ADDRESS 1680 NW 96 AVE
CITY-ST-ZIP MIAMI FL

TITLE DV ☐ DELETE
NAME ACOSTA, NILDA L.
STREET ADDRESS 1680 NW 96 AVE
CITY-ST-ZIP MIAMI FL

TITLE DT ☒ DELETE
NAME ACOSTA, MICHAEL B.
STREET ADDRESS 1680 NW 96 AVE
CITY-ST-ZIP MIAMI FL

TITLE DS ☐ DELETE
NAME CARVAJAL, PEDRO J.
STREET ADDRESS 1680 NW 96 AVE
CITY-ST-ZIP MIAMI FL

TITLE DAS ☒ DELETE
NAME ACOSTA, MICHAEL B.
STREET ADDRESS 1980 NW 96 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC CEO/CFO ☒ Change ☐ Addition
1.2 NAME ACOSTA, AMADO J.
1.3 STREET ADDRESS 1680 N.W. 96 AVENUE
1.4 CITY-ST-ZIP MIAMI, FL. 33172-2843

2.1 TITLE DVT ☒ Change ☐ Addition
2.2 NAME NILDA L. ACOSTA
2.3 STREET ADDRESS (same)
2.4 CITY-ST-ZIP

3.1 TITLE DP ☒ Change ☐ Addition
3.2 NAME MICHAEL B. ACOSTA
3.3 STREET ADDRESS (same)
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DAS ☒ Change ☐ Addition
5.2 NAME ACOSTA, RICHARD A.
5.3 STREET ADDRESS 1680 N.W. 96 AVENUE
5.4 CITY-ST-ZIP MIAMI, FL. 33172-2843

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amado J. Acosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 (305) 477-1707 ext. 11

CR2E034 (11/98)